

KENTUCKY BUSINESS ENTITY APPLICATION

Please Use NIPR to Electronically Submit the Application

Resident	www.NIPR.com
Non-Resident	www.NIPR.com

<u>Variable Life & Variable Annuity</u>	<u>Personal Lines</u>	<u>Limited Line Credit</u>
<i>(Note: This line of authority will be issued only if the licensee holds an active life line of authority.)</i>	<i>(Note: Personal Lines covers individuals and families for primarily non-commercial purposes. This line of authority is not necessary if you hold a full Property & Casualty license.)</i>	<i>(Note: Can sell credit life, credit disability, credit property, credit unemployment, involuntary unemployment, mortgage life, mortgage guaranty, mortgage disability and automobile dealer GAP)</i>

APPLICABLE FEES

Agent – Resident Business Entity <u>for license/class</u>	100.00
Plus for <u>each</u> line of authority an additional fee of	100.00
Agent – Non-Resident Business Entity <u>for license/class</u>	120.00
Plus for <u>each</u> line of authority an additional fee of	120.00
Adjuster for license and license renewal – (Independent {full P & C}, Public {full P & C}, Workers' Comp {only}, or Crop {only})	50.00
Consultant for license and license renewal – (Life and Health or Property and Casualty)	100.00
Managing General Agent for license and license renewal	100.00
Reinsurance Intermediary for license and license renewal – (Broker or Manager)	100.00
Rental Vehicle Agent <u>for license</u> and license renewal	100.00
Surplus Lines Broker for license and license renewal	100.00
Life Settlement Provider for license and license renewal	1500.00
Life Settlement Broker for license and license renewal	750.00

ADDITIONAL INFORMATION AVAILABLE AT <http://insurance.ky.gov>

For Office Use Only**Check appropriate box for license requested.**

☐ Resident License
☐ Reinstate __ Yes __ No

☐ Non-Resident License
 Identify Home State: _____

Identify Home State
 License #: _____



**COMMONWEALTH OF KENTUCKY
 DEPARTMENT OF INSURANCE**

P. O. Box 517

Frankfort, Kentucky 40602-0517

email: DOI.AgentLicensingMail@ky.gov

<http://insurance.ky.gov>

502-564-6004

(PLEASE PRINT OR TYPE)

Amt. Rec'd _____

Date Rec'd _____

Tracking No. _____

Cashier: _____

Amt. Rec'd _____

Date Rec'd _____

Tracking No. _____

Cashier: _____

NAIC BUSINESS ENTITY INSURANCE LICENSE APPLICATION

Demographic Information

① Business Entity Name		② Incorporation/Formation Date (month) ____ (day) ____ (year) ____		③ FEIN -	
④ If assigned, National Producer Number (NP#)		⑤ If applicable, NASD Firm Central Registration Depository (CRD) Number			
⑥ List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.			⑦ State of Domicile		⑧ Country of Domicile
⑨ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
⑩ Business Address		⑪ City		⑫ State	⑬ ZIP
⑭ Phone Number (include extension) () -		⑮ Fax Number () -		⑯ Business Web Site Address	
⑰ Business E-Mail Address					
⑱ Mailing Address		⑲ P.O. Box	⑲ City	⑲ State	⑲ ZIP
		⑲ Foreign Country			

Designated/Responsible Licensed Producer

⑲ Identify at least one Designated/Responsible Licensed Producer: (See Matrix of State Requirements at www.licenseregistry.com for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)

Name _____ SSN _____ - -

Name _____ SSN _____ - -

Name _____ SSN _____ - -

Name _____ SSN _____ - -

Owners, Partners, Officers and Directors

⑲ Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

Name _____ Title _____ SSN/FEIN _____ - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - Owner: Yes / No

Uniform Application for Business Entity Insurance License/Registration

Background Information

29 Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ____ No ____

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document,
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes ____ No ____

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action.

“Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager if a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include bankruptcies that involve funds held on behalf of others. Yes ____ No ____

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ____ No ____

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ____ No ____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director, or member or manager if a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ____ No ____

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

Uniform Application for Business Entity Insurance License/Registration

☐ RESIDENT

☐ NON-RESIDENT

AGENT MAJOR LINES

<input type="checkbox"/> Casualty	<input type="checkbox"/> Health
<input type="checkbox"/> Life	<input type="checkbox"/> Property
<input type="checkbox"/> Variable Life and Variable Annuity	<input type="checkbox"/> Personal Lines

AGENT LIMITED LINES

<input type="checkbox"/> Crop	<input type="checkbox"/> Travel
<input type="checkbox"/> Credit	
<input type="checkbox"/> Rental Vehicle Agent	

CONSULTANT LICENSES

<input type="checkbox"/> Life & Health Consultant	<input type="checkbox"/> Property & Casualty Consultant
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ADJUSTERS

<input type="checkbox"/> Independent Adjuster	<input type="checkbox"/> Public Adjuster
<input type="checkbox"/> Workers' Comp Adjuster	<input type="checkbox"/> Crop Adjuster
<input type="checkbox"/> Staff Adjuster	

OTHER LICENSES

<input type="checkbox"/> Surplus Lines Broker	<input type="checkbox"/> Administrator (TPA)
<input type="checkbox"/> Viatical Settlement Provider	<input type="checkbox"/> Viatical Settlement Broker
<input type="checkbox"/> Reinsurance Intermediary Broker	<input type="checkbox"/> Reinsurance Intermediary Manager
<input type="checkbox"/> Managing General Agent (MGA)	

Applicant's Certification and Attestation

30 On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Where required by law, the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.
8. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company:

Month/Day/Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City

State

Zip

Attachments

31 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).